

Appendix A

Brief Descriptions of Other Types of Evaluations

Multisite Evaluation

Many directors evaluate their own Child Advocacy Centers (CACs). However, at times one may want to collaborate with other CACs to conduct a multisite evaluation (i.e., the same evaluation in multiple locations).

Prospective multisite evaluations have been defined by Sinacore and Turpin (1991) as evaluations in which—

- An investigator intends to use multiple sites at the beginning of the evaluation.
- The evaluation is a planned activity.
- Preferably, the evaluation is implemented in the same way at different geographical locations.
- The analysis consists of analyzing original data.¹

Conducting a multisite evaluation offers many benefits:

- The sample size is larger.
- More data are collected over a shorter period of time.
- Deliberate sampling can obtain a more diverse sample (referred to as heterogeneity).

The greatest hurdle faced in conducting a multisite evaluation is standardizing evaluation protocols. This will require detailed planning and training so that data collection is consistent from site to site. Training manuals are helpful for standardization so that everyone has the various protocols in writing. Standardized methods of data organization (i.e., data collection, storage, entry, and cleaning) ensure that all sites treat the data in the same way.

When evaluations operate in a number of locations, a core set of performance measures can be supplemented with “local” performance measures.

Efficiency Analysis

This section introduces the concepts involved in efficiency analysis; it does not describe in detail how to conduct an efficiency analysis. Implementing an efficiency analysis is impractical for most people because of the required technical procedures, the methodological sophistication, the moral controversies over placing economic values on services, and the absence of a single “right” way to conduct this type of evaluation (Rossi, Freeman, and Lipsey 1999). Nonetheless, it may be helpful to know the terminology and methodology. The purpose of an efficiency analysis is twofold:

1. In practice, evaluators tend to add all the data together from each site (referred to as a data pooling technique) to conduct statistical analyses. However, one can check for differences by sites by using a statistic called an analysis of variance. If one location stands out from the others on a particular variable, that group may need to be analyzed separately.

- To gain knowledge about program costs.
- To determine the differential payoff of one program versus another.

There are two types of efficiency analysis: cost-effectiveness analysis and cost-benefit analysis.

Cost-effectiveness analysis

Cost-effectiveness analysis compares the costs of two or more programs with similar goals to determine which program is most cost effective. Cost-effectiveness requires monetizing the program's costs so that the program's benefits are expressed in outcome units (Rossi, Freeman, and Lipsey 1999). For example, in a comparison of two program components designed to reduce child stress, the outcome unit would be a specific reduction in child stress as measured by a standardized instrument.

The disadvantage of this type of analysis is that it cannot ascertain the worth or merit of a given intervention in monetary terms. Even so, Rossi and colleagues recommend a cost-effectiveness analysis for most social programs.

Cost-benefit analysis

Cost-benefit analysis requires estimating the benefits (i.e., outcomes produced, both tangible and intangible) and the costs (i.e., resources consumed, both direct and indirect) of undertaking a program. Once specified, the benefits (outcomes) and the costs are either measured in the same units, typically monetary, or translated into a common measure (usually monetary), and outcomes are contrasted with costs (Rossi, Freeman, and Lipsey 1999). However, cost analysis should consider costs other than money (Scriven 1993), such as psychological costs, space

costs (displacing something), and opportunity costs (displacing other programs).

The most direct cost-benefit analysis subtracts costs from benefits. Typically the benefits of a program are greater than its costs, resulting in a net benefit. Sometimes, however, the costs of a program are greater than its benefits; this does not always mean the program should be discontinued. For example, the community is responsible for treating child victims of sexual abuse. Even though the costs may be very high, no monetary value can be placed on helping these individuals. However, one may want to compare the costs and benefits of two different programs that treat child victims of sexual abuse, such as onsite therapy versus off-site therapy. A cost-benefit analysis can help determine which model to implement.

When conducting a cost-benefit analysis, beware of the following pitfalls.

Identifying and measuring all program costs and benefits. When important benefits are disregarded because they cannot be measured or monetized, the project may appear less efficient than it is; if certain costs are omitted, the project will seem more efficient than it is, resulting in misleading estimates.

Expressing costs and benefits in terms of monetary values. Expressing all costs and benefits in terms of a common denominator, such as a monetary value, may not capture the essence of the outcome. For example, what value should be placed on providing treatment to child sexual abuse (CSA) victims?

A cost-benefit analysis requires many people to accomplish many tasks (Yates 1996). To isolate the resources spent on each client, evaluators must calculate the costs of every aspect of a program, including personnel, facilities, equipment, and supplies.

The ratio of benefits to costs indicates the profitability of the program. If the ratio exceeds 1:1, the benefits are greater than the costs and the program is profitable. However, Rossi, Freeman, and Lipsey (1999) recommend against using a cost-benefit ratio because a ratio is more difficult to interpret.

Coverage

Many CAC directors have reported concerns that not all CSA cases are being referred to their center. This issue is referred to as *coverage* (Rossi, Freeman, and Lipsey 1999). The concern is whether the agency is serving the population in need of its services. There are two forms of coverage: *undercoverage*, measured by

the proportion of clients in need of services who actually receive those services, and *overcoverage*, the proportion of clients who are not in need of services compared with the total number of clients in a particular population not in need of services. In an effort to maximize reaching those in need and minimize reaching those not in need, *coverage efficiency* is measured by the following formula:

$$\text{Coverage efficiency} = 100 \times \frac{\text{Number in need served}}{\text{Total number in need}} - \frac{\text{Number not in need served}}{\text{Total number not in need}}$$

To determine a center's coverage, use official records or survey the community to determine how many CSA cases are reported and compare those numbers to the number of clients referred to the center.